

ROSS MILLER Secretary of State 101 North Carson Street, Ste 3 Carson City, Nevada 89701-3714 (775) 684 5708

Website: secretaryofstate.biz

Apostille/Certification Order Instructions

Servi	ce Reque	ested: (<u>Ex</u> p	<u>pedite</u> service re	quires	additional fees)	
Regular	· 24-Ho	our <i>Expedite</i>	4-Hour <i>Expedi</i>	ite	2-Hour <i>Expedite</i>	1-Hour <i>Expedite</i>
SUBMIT THIS	COMPLETED FOR	RM WITH YOUR REQUE	EST		USE BLACK INK ONLY	- DO NOT HIGHLIGHT
Date:						
Return to:						
Address:						
	ivery (mark on	_				
	for Pick Up		to Address Abov	/e (Pleas	se provide a self-addr	essed envelope)
Name:	erson Infor	mation:				
Email:						
Phone:						
THORIC.	(United S	States phone number	only)			
Name of C	ountry in v	which the Doc	ument will be u	sed:		
Notes and	Special In	structions*:				
*PLEASE NO	TE: If the docur	ment is not process	ed, it will be mailed to	the addr	ess above unless spe	ecial instructions are provided
Method of	Payment:	Check/Mo	oney Order	☐ Cr	edit Card (attach	checklist)
			Total	Amou	nt Enclosed:	



ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684 5708 Website: secretaryofstate.biz

Credit Card Checklist (For Counter, Telephone, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT							
Service Type: Counter Telephone Mail Fax							
Expedite Service: (Requires additional fees)							
PLEASE EXPEDITE: 24-HOUR SERVICE 2-HOUR SERVICE 1-HOUR SERVICE							
Card Type: (Mark one box)							
VISA MasterCard Discover American Express							
Customer Credit Card Number: V CODE*							
* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards 4-digit number found on the front right side of American Express card.							
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.							
Expiration Date: Year							
Amount: \$							
Cardholder Information:							
Entity Name							
Name							
Billing Address							
City, State, Zip							
Telephone							
AUTHORIZATION: CUSTOMER AUTHORIZES THE SECRETARY OF STATE TO BILL AN AMOUNT NOT TO							
EXCEED \$ TO BE CHARGED TO THE ABOVE CREDIT CARD							
NUMBER.							
X							

CARDHOLDER SIGNATURE